



MAIN BUILDING

THE
CONVALESCENT HOME
FOR CHILDREN



WELLESLEY HILLS
MASSACHUSETTS

1947

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MEDICAL STAFF

Visiting Physician

HENRY E. GALLUP, M.D.



Superintendent

MRS. GLADYS M. CONNER, R.N.

The Convalescent Home For Children

The year 1946 has been a most important one in the history of The Convalescent Home for Children. We were invited by The Children's Hospital to join with them in a general plan for the establishment of a Children's Medical Center. The House of the Good Samaritan and the Sharon Sanitarium also joined in the Children's Medical Center.

In order to assist in financing this co-operative enterprise, the Trustees of the Henry Clay Jackson Fund contributed generously to the three affiliating institutions. The money received by the Convalescent Home is to be used for endowment, necessary alterations and new construction. The money received by the Sharon Sanitarium besides a capital increase, will be used for a building on the Convalescent Home grounds to be known as the Sharon Pavilion.

There have been many problems during the past year, but the most serious has been the shortage of registered nurses. We have been fortunate in having sufficient student nursery maids in our school. The nursing staff has been supplemented by three nursery maids, graduates of the school, who have carried a great deal of responsibility.

In November our assistant superintendent, Miss Mary Burgess, left after four years of devoted and untiring service.

Our superintendent, Mrs. Conner, has carried on undaunted in the midst of almost insurmountable obstacles. To her, and to our president we owe deep gratitude for their wise guidance and unfailing interest.



AMBULANCE TAKING PATIENTS TO CHILDREN'S HOSPITAL, BOSTON

History

In 1869 The Ladies Aid Association of The Children's Hospital Boston, recognized the need of a home for convalescent children. Through their efforts a small house in Wellesley was opened with accommodations for twelve children, and operated during the summer months only. Today the Home accommodates sixty-five children including infants. The Home has become of vital importance.

Location

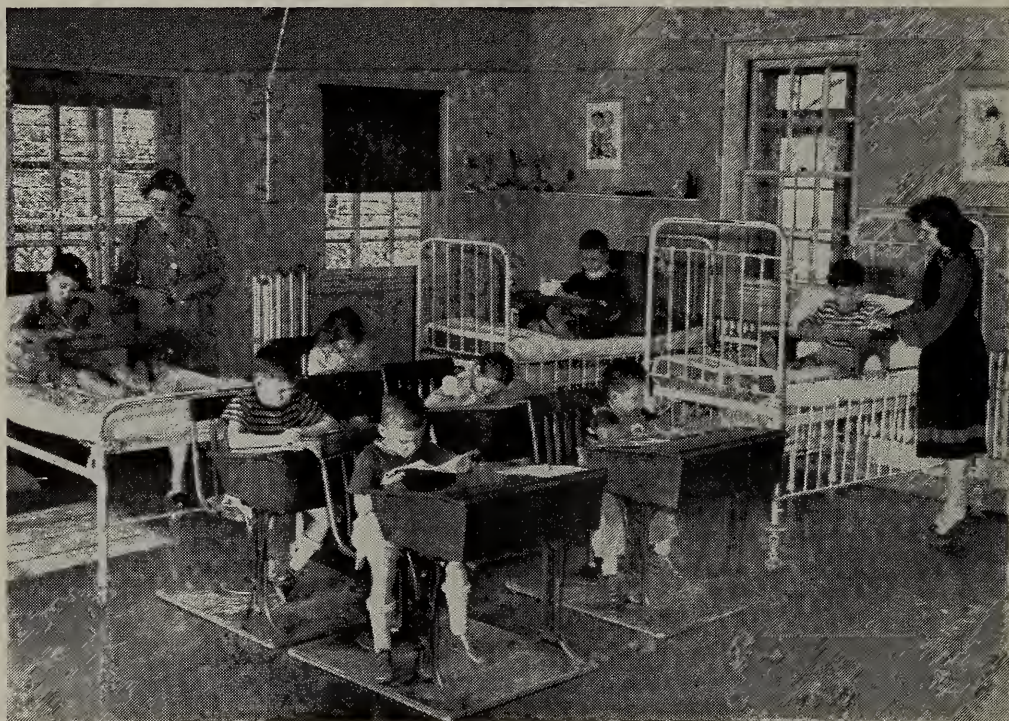
The Convalescent Home for Children is in Wellesley Hills on Forest Street near the town line of Needham. It may be reached by the Boston and Worcester bus line which runs from Park Square, Boston, to Wellesley Hills square every quarter hour.

Visiting Hours

The regular visiting hours for parents are on Saturday from 2:00 to 4:00 P. M.

Dental Care

All children have a dental consultation and any necessary corrective work is performed. One hundred forty-four patients were examined during this year. Dr. Paul Loesch of The Children's Hospital has provided us with dental internes who are responsible for all the dental work.



School

Children of school age, under the supervision of Miss Dorothy Gallagher and Miss Marjorie Farrell, have the benefit of education during their convalescence. A well-lighted class room equipped with desks is available for ambulatory patients. For those who can't come to the class room, instruction is given in the wards.

A bill was recently passed in the Massachusetts Legislature, authorizing payment of education to children in Institutions. The Town of Wellesley has accepted this responsibility.

Physiotherapy

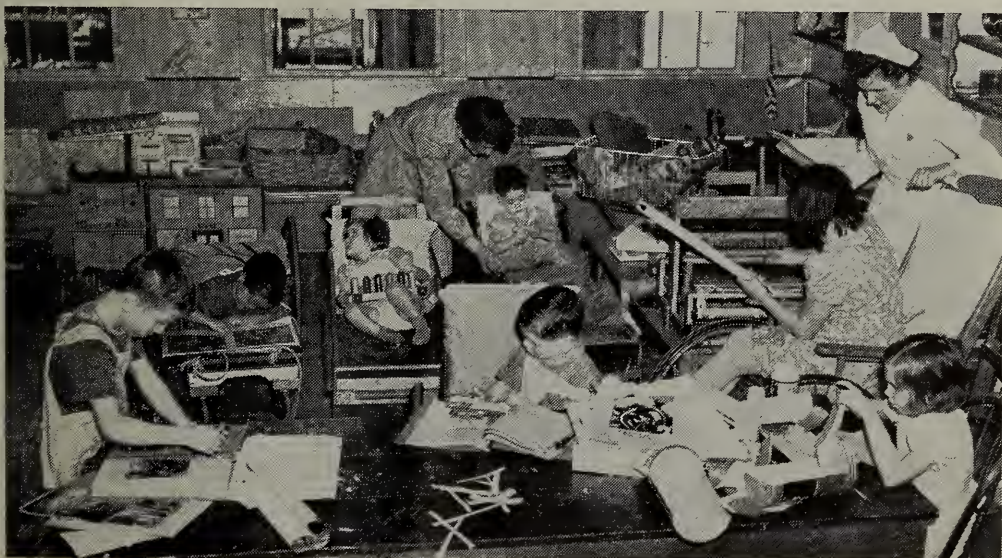
A department for physiotherapy is under the direction of a graduate physical therapist. Muscle training, baking, massage and under water treatments are available. Miss Dorothy McManus with an assistant therapist is in charge of this department.



UNDER-WATER TREATMENT FOR POLIOMYELITIS

Occupational Therapy

For many years a trained therapist has supervised the occupational therapy work with the children, and she has been assisted by volunteers from the Junior Service League of Wellesley who have given three hundred and seventy-one hours during the year. Without the loyal co-operation of this group this important work could not be accomplished. The department has been under the excellent direction of Miss Julia Nadzeika since April 1946.



ANNUAL REPORT OF VISITING PHYSICIAN

TO THE BOARD OF MANAGERS,
THE CONVALESCENT HOME FOR CHILDREN

February 3, 1947

My report this year is chiefly concerned with the new association with the Children's Hospital, the changes which have already taken place as a result, and some of the possibilities of this association.

The advantages of this union are too numerous to mention. I have repeatedly stressed a Convalescent Home can no longer be just a place where children merely receive good food, proper clothing, and are well cared for. An institution caring for convalescent patients must provide adequate medical supervision, certain laboratory facilities to make this possible, and be equipped to carry out various therapeutic procedures. In addition the complexity of medicine now demands the services of numerous highly specialized people in the medical field as well as workers in allied branches, such as physiotherapists, occupational therapists, psychotherapists, dieticians, laboratory technicians and others. Convalescent patients need these services in varying degrees. We could not possibly avail ourselves of all these aids unless associated with a large general hospital. Neither do I think a Children's Hospital complete without facilities for convalescent care. The amalgamation of the two should be mutually advantageous.

I do not anticipate any immediate significant changes in the medical supervision of patients. What kind of cases and number of patients we will admit should be decided by the staff of the Convalescent Home, certainly until such time as space and personnel can be increased. I also feel we should continue to accept patients from hospitals other than the Children's, as well as a few selected private patients.

The Convalescent Home has benefited already by obtaining the services of dental internes. This has been of great help. Also, we have had, since July, internes on a rotating schedule from the Children's Hospital. This interchange relieves us of getting our own men, and more important, it makes for greater mutual appreciation of each institution's problems. It brings us a man acquainted with many of the cases, and one well trained in pediatrics. Now that we are a unit of the hospital we can obtain the advice of any member of the visiting or consulting staff because the Children's Hospital staff is essentially our staff.

My general aim is to keep the laboratory work to a minimum consistent with good patient care. Other than ordinary procedures should be sent in to the main hospital. I recommend that as soon as possible we utilize part time technical service of one of the hospital workers, just as we now do in physiotherapy. Some additional equipment is needed. I strongly urge the purchase of a photoelectric hemoglobinometer and equipment to determine sulfa drug levels.

To tell you what our future needs will be and how to meet them is sheer speculation. We shall have to enlarge our physical plant:

1st To take care of the rheumatic fever convalescents. Now that the Sharon Sanatorium has closed, and if their activities are to be transferred to Wellesley, it means a new building which must be an independent unit.

2nd We should be ready to take the growing number of neurosurgical cases needing care after their stay in the "parent institution." The same applies to neurological cases.

3rd Develop facilities to cooperate to the fullest with the new department of psychiatry in the study and possible solution of the biggest single problem in pediatrics: the behavior disorders.

4th If an adolescent unit is created as part of the new "center," it is conceivable that we should need to have facilities to meet this need.

Beyond these suggestions I am not prepared to go. The development of a Children's Medical Center is a new undertaking. It is a fascinating attempt at correlating all phases of child health and care, together with a broad teaching program, a large research undertaking and inter-hospital co-operation. We are privileged to be part of this big undertaking, we must keep step with its progress and keep our link in the chain as strong as any other. It is my hope that whatever course the Board of Managers wishes to follow, no one will be permitted to lose track of our main function: the care of the patient in as homelike an atmosphere as is possible for an institution to provide.

HENRY E. GALLUP, M. D.

Religious Instruction

Religious instruction is given every child.

Length of Stay

Two weeks or less	24%
One month	35%
Two months	11%
Two to four months	22%
Four to six months	6%
Over six months	2%

Hospital Census

The total hospital days in 1946 have been slightly less showing an average daily census of 42.2 as compared with 49.08 in 1945. There has been a marked decrease in the demand for infant beds. The average census for infants under two years has been 7.95.

Again this year there has been a large majority of patients in the age group from four to eight years. Thirteen admissions were over twelve years old.

Areas From Which Patients Have Been Resident

Boston	65
Metropolitan Boston	71
Mass. (outside Metropolitan area)	77
Outside of Mass.	44
Total	257



Recreation

A large playroom provides ample opportunity for recreation for the ambulatory children. An outdoor playground adjoins the playroom, with swings and sand boxes.

A sum of money has generously been contributed by one of the members of the Board of Trustees for playground improvements. An outdoor fire-place and picnic tables are already in use and have given many hours of pleasure to the children, as well as to the staff.

A moving picture projector with sound attachment and screen were given by the Kiwanis Club of Wellesley and pictures are shown every other week.

Holidays and birthdays have been occasions for parties throughout the year.

Scout work has been started with the boys and girls.

Community Interest

Many service clubs have given generously to the work at The Convalescent Home for Children. Entertainments and holiday festivities have been frequently sponsored by community groups who enjoy helping with the work. It is the close co-operation of members of the community that makes it possible to carry on our work successfully.

Diagnoses

Actinomycosis	1	Middle ear and mastoid	3
Arthritis	2	Myocarditis	2
Arthrogyposis	2	Nephritis	11
Asthma	5	Nephrosis	1
Atelectasis	1	Neuroblastoma	1
Benign cyst of femur	1	Neurofibromatosis	1
Bilateral otitis media	2	Obesity	1
Bow legs	3	Osteomyelitis	8
Brain tumor	4	Other diseases of the lungs	3
Bronchiectasis	5	Pneumococcic meningitis	2
Bronchitis	3	Pneumonia	5
Burns	5	Poliomyelitis	42
Cervical adenitis	2	chronic—16	
Chalazia	1	convalescent—26	
Chorea	5	Post measles—encephalitis	1
Club feet	4	Recurrent brain abscess	1
Coeliac disease	6	Regulation of feeding	10
Congenital anomalies	1	Renal rickets	2
Congenital deformities—unclassified	6	Rheumatic Fever	16
Congenital dislocated hip	11	Septic Hip	3
Congenital heart	2	Sinusitis	3
Convulsions	1	Skull fracture	1
Coxa magna	1	Slipped epiphysis	2
Coxa plana	4	Spastic paraplegia	1
Degeneration—nervous system	1	Spina Bifida	3
Diarrhea	3	Stenosis	1
Embryoma	1	Synovitis	4
Empyema	2	Talipes equino varus	2
Fractured cervical spine	1	Tetralogy of Fallot	1
Fractured femur	1	Tracheo-aesophageal fistula	8
Fractured hip	1	Upper Respiratory Infection	1
Hemangioma	1	Valgus deformity	2
Hemiplegia	2	Miscellaneous	
Hemophilia	1	Aberrant subclavian artery	1
Hirschsprung's disease	1	Adherent scar with severance of	
Intestinal obstruction	1	anterior tibial	1
Leukemia	2	Hyperinsulism	1
Lymphangioma—postop. amputation	1	Inguinal abscess	1
Malnutrition	6	Left frontal lobe abscess	1
Mediastinal tumor	1	Observation	1
Meningocele	2	Petite mal	1
		Post coarctation of aorta	1
		Pyrexia of unknown origin	1

Referrals Admitted

Children's Hospital	210
Mass. General Hospital	11
Boston Floating Hospital and	
Boston Dispensary	7
Newton-Wellesley Hospital	5
Miscellaneous (including physicians)	20

Total 257

School for Nursery Maids

A one year course in the care of children is given under the supervision of a registered graduate nurse. Class instruction includes practical nursing procedures, normal child development, infant care, preparation of formulae, habit training and group play. Graduates of this course are well prepared to care for normal children in private homes. The demand for these graduates far exceeds the number available. There are three entering classes yearly. Applicants must be at least eighteen years old and High School graduates. Mrs. Maxine Eddy has been in charge of all class work instruction.

In training January 1, 1946	19
Admissions to training course	25
Number of students who completed course	19
Withdrawals from the school (voluntary)	6
In training December 31, 1946	19



NURSERY MAID INSTRUCTED IN INFANT CARE

Charges for Medical Care

Arrangements for the payment of medical care are based on the ability of the family to pay toward the cost. During the year 1943 the actual cost per patient was \$4.21 a day. Today the cost has risen to \$6.04 a day. Medications have increased enormously.

Due to the generosity of a member of the Board of Trustees a sum of money was received for the purpose of special and new medications.

Expenditures

As shown by the Treasurer's report, expenditures have continued to increase. The cost of raw foods during 1946 was 62.3% more than the year 1944. Per capita daily raw food cost in 1946 was \$1.75.

CONDENSED BALANCE SHEET

December 31, 1946

ASSETS

Cash	\$ 9,529.37
Investments and Uninvested Cash	642,465.54
Land, Buildings and Equipment	272,719.50
Prepaid and Deferred Items	8,303.22
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	\$ 933,017.63

LIABILITIES

Accounts Payable and Accrued Expenses	\$ 6,128.59
Donations for Special Purposes	4,320.80
Endowment and General Funds	649,848.74
Building and Equipment Fund	272,719.50
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	\$ 933,017.63

The Books and Accounts have been audited as of December 31, 1946, by W. Webster McCann, Certified Public Accountant.

CONDENSED STATEMENT OF INCOME AND EXPENSE

1946

INCOME

From patients	\$ 25,396.80
Ambulance	582.00
Contributions:	
Greater Boston Community Fund	39,050.00
Direct Contributions	850.00
Permanent Charity Fund	3,488.92
Income from Investments	20,259.06
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	\$ 89,626.78

EXPENSES

Total Operating Expense	\$109,943.11
Treasurer's Office, Audit and Bank Agency Fees	946.69
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	\$110,889.80
Deficit for year 1946	\$ 21,263.02

